

Joint Alternate Route Adjustment Process 2011

Below are guidelines for the various review processes of the Joint Alternate Route Adjustment Process (JARAP 2011). We also have included an example of the form to request a review. The form is available on the city delivery page on the NALC website at nalc.org/depart/citydel/.

30 Day Review Process—Re: pp. 5-6 JARAP Guidelines (M-01747):

- Within 30 days after the initial adjustments are implemented, the local office contacts will review the selected zones and may jointly agree to make necessary changes to park points, relays, lines of travel, etc.
- The local office contacts also may jointly request approval from the district lead team to make simple territorial changes as necessary to correct any obvious errors with the initial adjustments.

120 Day Route Review Process—Re: pp. 5-7 JARAP Guidelines (M-01747):

- Local office contacts initiate a review by completing a review request form and sending it to the area/regional team following an evaluation and/or an initial adjustment.
- The reasons for the request should be explained on the form, along with whether or not there is agreement on the need for a review.
- The district lead team will conduct the review or assign this task to a district evaluation and adjustment team.
- The team conducting the review will use the methodology outlined in this agreement for the period Sept. 1-Oct. 15 to evaluate the entire zone.

- Route adjustments from the review process must be implemented by Feb. 28, 2012.
- In any zone where route adjustments occur as part of a review process, only the routes that are determined to be out of adjustment—and any other route(s) within the zone where it is geographically necessary—will be included in the adjustments.

Spring JARAP 2011 – Review Request Form

This form is to be completed and submitted by the Local Office Contact if a Spring JARAP 2011 adjustment review should be considered for the zone listed below. This form should be submitted to the appropriate higher level Team as designated by your District and/or Area/Region.

Unit Name:
Unit ZIP Code:
Date of Spring JARAP 2011 Adjustment:
Date of Request:

Reason for Review Request

1. Please explain the reason(s) and provide any detailed information. This request form should be no longer than 2 pages:

Circle the team member's recommendation below:

2. NALC Local Office Contact Recommendation LOC Name: _____ Signature: _____ Date: _____	Perform Review	No Review Required
3. USPS Local Office Contact Recommendation LOC Name: _____ Signature: _____ Date: _____	Perform Review	No Review Required
Higher Level Review Recommendation	Perform Review	No Review Required
Circle the team's recommendation		
4. NALC Higher Level Review Name: _____ Signature: _____ Date: _____		
5. USPS Higher Level Review Name: _____ Signature: _____ Date: _____		
6. If a review is to be performed the following team has been assigned and should begin the review no later than the designated date. NALC Review Team Member Name: _____ USPS Review Team Member Name: _____ Begin Date: _____		